

## **Broadband Pilot Program Completion Form** (PLEASE PRINT)

Name:	Last	First	Middle	
Address:	Street	City	State	Zip
Phone Nu	umber: (	_)		
Applicant signature			Date	
<u>Required</u>	d responses: Y	ou must answer all questions		
Number o	of household m	nembers using this broadband serv	vice	
			Check Box	
What is y	our reason for	using internet? (You can choose		r)
		Stay in touch with family/frien	ds	
		Children need for school		
		Subscriber needs for school		
		Access movies/music/other		
		Children requesting access		
		Access health care/medical inf	o	
		Job requires online access		
		Needed for job search		
		Sharing photos or videos		
		Daily activities (banking, etc.)		
		Inexpensive internet access		
		Other (specify)		
Have you	ı participated ir	n any computer or internet trainin	g classes?	
		No training class taken		
		Currently taking a class		
		Completed a training class		
What equ	iipment will yo	ou use with this broadband service	e?	
		Desktop computer		
		Laptop/netbook		
		Tablet		
		Smartphone		
		Mobile modem		